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(NODAMNEN) P1 W3D/21 (0-00)

Approved for use through 09/30/2000. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **7**

Application Number	<b>10/032,214</b>
Filing Date	<b>December 20, 2001</b>
First Named Inventor	<b>Juha Punnonen</b>
Group Art Unit	<b>1644</b>
Examiner Name	<b>Illa Ouspenski</b>
Attorney Docket Number	<b>169.410US</b>

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Facsimile Transmittal Cover Sheet (1 p.)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Form PTO/SB/08A-B (1 p.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**Authorization to Charge Deposit Account**  
Please charge Deposit Account No. 50-0990 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

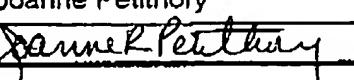
**Remarks**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	<b>Joanne R. Petithory, Reg. No. 42,995</b>
Signature	
Date	<b>December 21, 2005</b>

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 310.00)

Complete if Known

Application Number	10/032,214	RECEIVED
Filing Date	December 20, 2001	CENTRAL FAX CENTER
First Named Inventor	Juha Punnonen	DEC 2
Examiner Name	Ilia I. Ouspenski	2005
Art Unit	1644	
Attorney Docket No.	0169.410US	

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25	
HP = highest number of total claims paid for, if greater than 20.				200	100	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180	
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge), Information Disclosure Statement and Terminal Disclaimer

Fees Paid (\$)

310.00

## SUBMITTED BY

Signature	Joanne R. Petithory	Registration No. 42,995 (Attorney/Agent)	Telephone (650) 298-5300
Name (Print/Type)	Joanne R. Petithory	Date Dec. 21, 2005	

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Signature: Joanne R. Petithory

Date: December 21, 2005

Attorney Docket No. 0169.410US

USPTO FAX NO.: 571-273-8300

ATTENTION: Examiner Ilia Ouspenski  
TELEPHONE NUMBER: 571-272-2920  
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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 10/032,214, filed December 20, 2001, entitled NOVEL CO-STIMULATORY MOLECULES, are being facsimile transmitted to Group 1644 of the US Patent and Trademark Office to USPTO facsimile number 571-273-8300 on the date shown below:

Documents Attached

1. Transmittal Form by facsimile (1 page)
2. Supplemental Information Disclosure Statement (2 pages)
3. Form PTO/SB/08A-B (1 page)
4. Terminal Disclaimer (1 page)
5. Fee Transmittal Form (1 page)

Number of pages being transmitted, including this page: 7 pages

Dated: December 21, 2005

Joanne R Petithory  
Joanne Petithory, Ph.D.  
Reg. No. 42,995

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